



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

Roster Request Form

All rosters come in Text format along with instructions on downloading into Excel.

The rosters contain license #, name, address, city, state, zip, county, issue date, and expiration date.

The list is in license number order and **does not include phone numbers or email addresses.**

Partial list are not available (i.e., certain counties, cities, zip codes, etc.) The list contains all of the licensees in Georgia. It also contains a record layout of the files.

Payment must accompany request. We accept check or money orders made payable to the **Georgia Board of Pharmacy. Please Do Not Send Cash.** We do not accept Purchase Orders or Credit Cards.

If you have any questions or concerns regarding our licensee roster, please contact customer service at (404) 651-8000.

Complete the form below and mail with payment to:

Georgia Board of Pharmacy  
2 Peachtree St., N.W.  
36<sup>th</sup> Floor  
Atlanta, Ga 30303

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Name: \_\_\_\_\_

Company/Business Name: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*\* Request will not be sent until payment has been received. \*\***

**\*\* Rosters will be sent via email.**

<b><i>LICENSE TYPE</i></b>	<b><i>PRICE</i></b>	
Pharmacist	\$100.00	
Pharmacist Tech	\$100.00	
Pharmacy	\$100.00	